

# THE INFLUENCE OF CULTURE OF SPECIAL POPULATIONS

The way in which culture influences us reaches beyond our race and ethnicity and has different effects for special populations. An understanding of culture can aid staff working with youth by increasing staff awareness of the impact of health disparities and how particular cultural influences might guide adolescent behaviors.

# Why Are We Here?

**Nebraska's DHHS Office of Minority Health has made health equity for all Nebraskans a priority and is committed to improving health outcomes for culturally diverse populations of Nebraska. This Office provides support to the DBH related to this goal and our work serving our communities with behavioral health prevention, treatment and recovery services.**

# Presenter Information

## *Hon. Stevie S. Burden*

- Over 30 years of experience in the Prevention and Treatment
- Formerly Certified as a Prevention Specialist and a Certified Alcohol and Drug Counselor II (Retired)
- Worked as a substance abuse treatment provider in residential and out patient programs with youth, adults, families, and correctional clients
- Supervised state level prevention systems as the State Programs Supervisor and National Prevention Network (NPN) Representative for both the State of Wyoming and the State of Nevada and served on its Executive Committee for 6 years
- Mayor for City of Wheeler, Oregon



# Definition of Culture

- The culture of origin provides its members with a basic understanding of the world and the means to perceive and explain experiences. It teaches about history, customs, philosophy and behavior.
- Culture is the knowledge, experience, values, ideas, attitudes, skills, tastes and techniques that are passed on from more experienced members of a community/group to new or younger members.
- A way of interacting, a belief system or way of living with similar and intersecting points of reference.

# Brainstorm

Who are the populations that are at risk of health disparities in Nebraska?

# Who are the “Special Populations”? How Do You Define the People at Risk for Health Disparities?

- Race/Ethnicity
- Socioeconomics
- Family History
- Developmental/Physical Ability
- Education
- Geography
- Legal Status

# Potential Stumbling Blocks

- **Language-** People may use different languages or different dialects of the same language. Certain words may be difficult or impossible to translate. Pacing and timing can be very different from culture to culture.
- **Nonverbal communications-** Gestures, physical distance, facial expressions, and eye contact may have different or even opposite meanings among different cultures.
- **Cultural-related values-** Different meanings and values are attached to behavior, objects, events, and situations by different cultures.



# Cultural Barriers

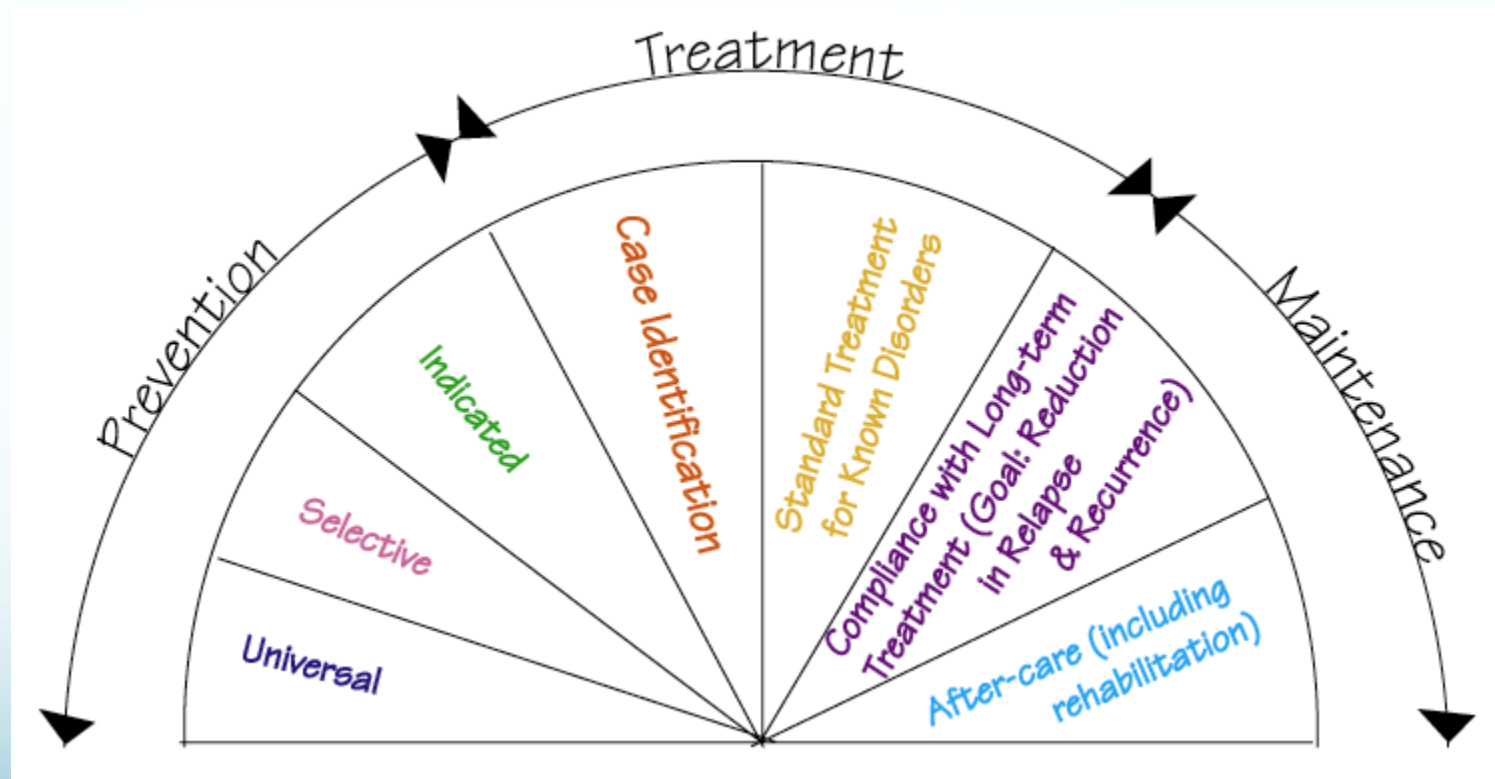
- **Stereotyping-** The assignment of characteristics or beliefs about another culture based on prejudice or limited exposure.
- **Racism-** The belief that one race is superior in some way to another
- **Ethnocentricity-** The belief that one's ethnicity provides the true or correct view of the world and that any other interpretation is false.
- **Class-related values-** Differences based on socioeconomic class may create differences in values or customs. Privileges may be taken for granted by persons in higher socioeconomic groups.



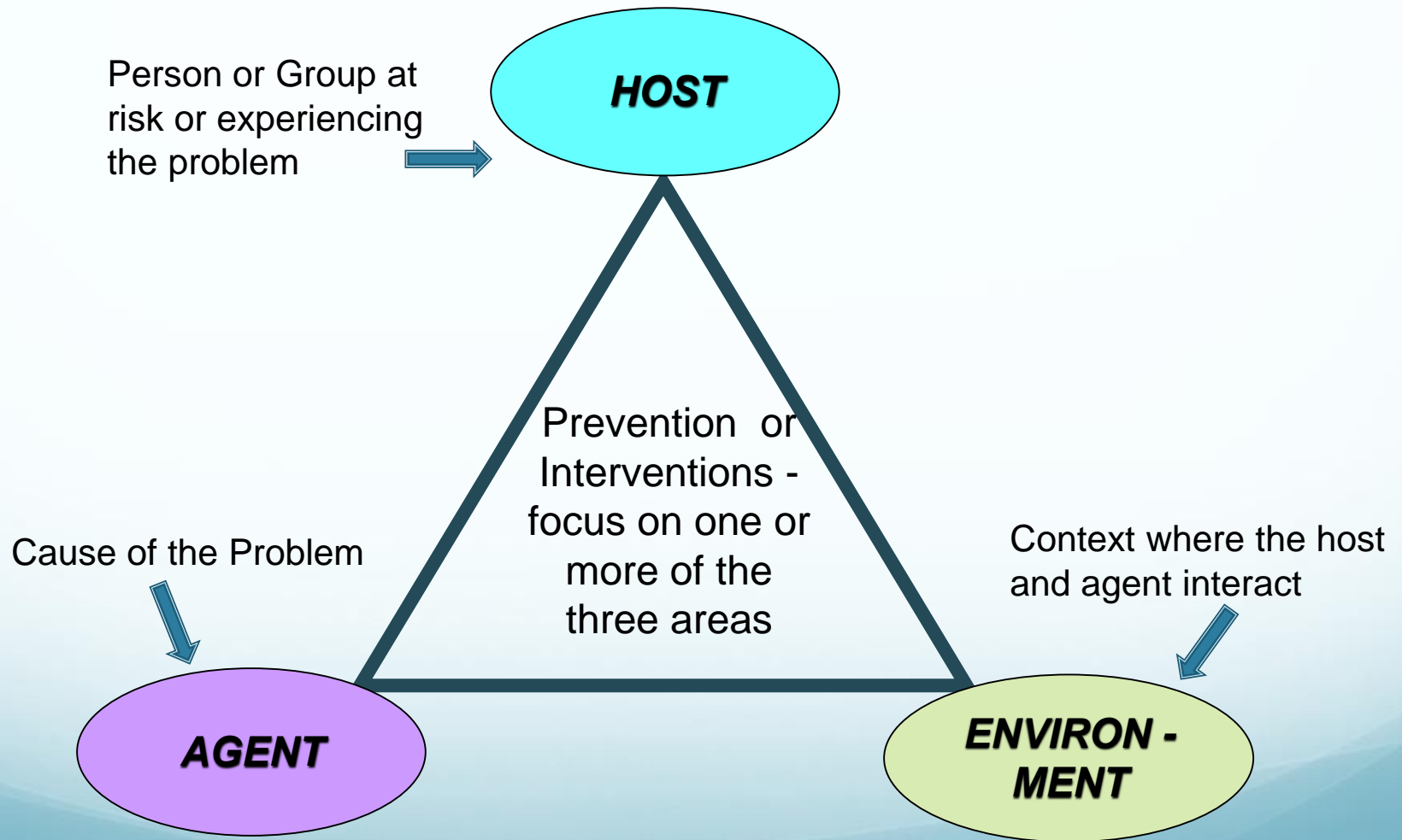
# Theory of Change

- A strategy or blueprint for achieving large-scale, long-term goals
- I.D.'s the preconditions, pathways and interventions necessary for an initiative's success
- Can refer to a specific planning tool as well as to a more general overview of how an organization intervenes in a system to initiate and sustain positive change

# Institute of Medicine's (IOM) Continuum of Care



# *Public Health Model*



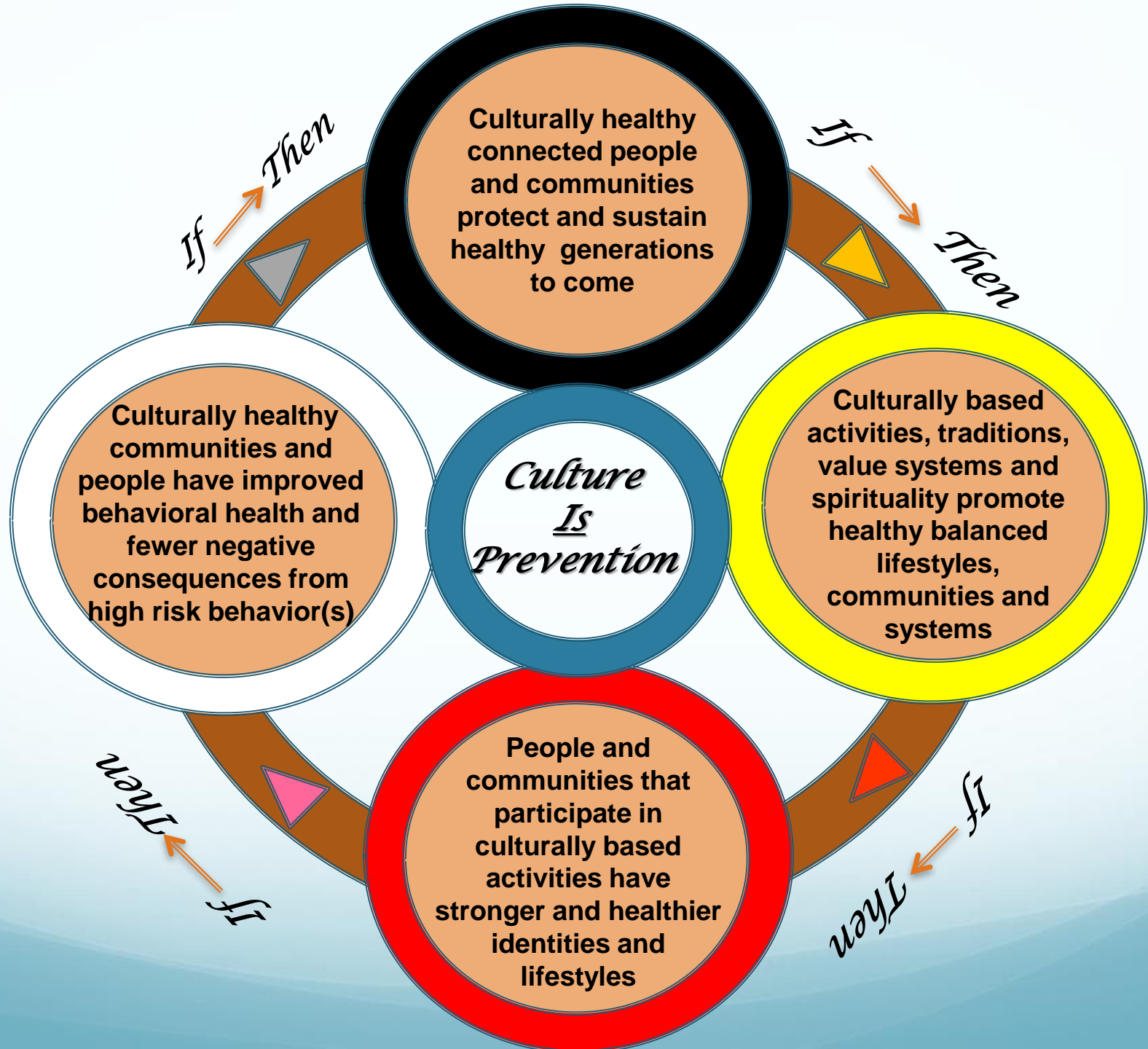
# Strategic Prevention Framework

## Five Step Process

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation



# *Culture is Prevention Logic Model ala Stevie*



# Nevada's Statewide Native American Coalition (SNAC)

- **Data Collection**

- During the SPF SIG assessment was difficult
- Very little available data to assess the needs of tribes and tribal populations was available
- Most data was not in the control of the tribes or ITCN
- Lack of tools and capacity to collect, analyze, or use data driven decision making
- Wide service areas = wide array of needs

# SNAC Accomplishments

## Assessing and Understanding the Needs

- Participated in the development and implementation of a convenience survey
  - Gathered surveys at places of convenience i.e.: Schools, Sporting Events, Grocery Stores etc.
  - Collected over 1300 surveys from across the state and tribes
- 400 Participants identified themselves as Native in a randomized phone survey
- Sought commonalities in needs statewide and began to address them through multiple strategies
  - Began with policy changes to build their foundation - CSAP considered this a “notable practice”
  - Began to develop the Young Men’s and Women’s Gatherings to address the lack of healthy rites of passages that was identified in the assessment



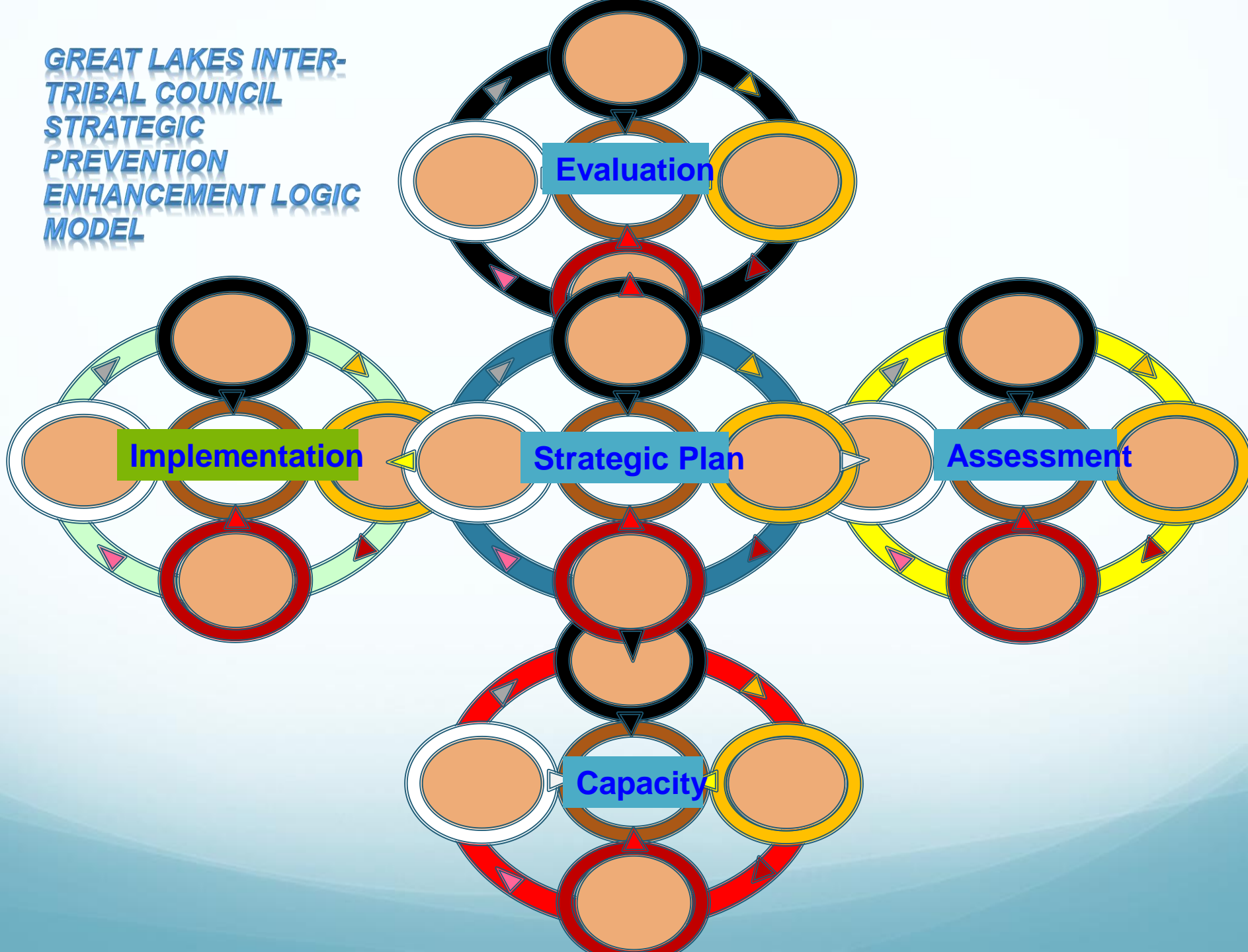
# Great Lakes Intertribal Council (GLITC)

- **Great Lakes Intertribal Council (GLITC)**
    - Consortium of 11 Wisconsin Tribes and 1 Michigan Tribe
  - **Logic Model – Medicine Wheel**
    - Develop a logic model based on the traditional medicine wheel
      - **East: Assessment**
        - Community needs are identified and addressed using shared data (assessment)
      - **South: Capacity**
        - Coordinated prevention systems effectively address needs (capacity)
      - **West: Implementation**
        - Cultural protective factors are sustained in the community (implementation)
      - **North: Evaluation**
        - Culture connects communities that are healthy and balanced (evaluation)
- (Great Lakes Inter-Tribal Council, INC., 2012)

# GLITC

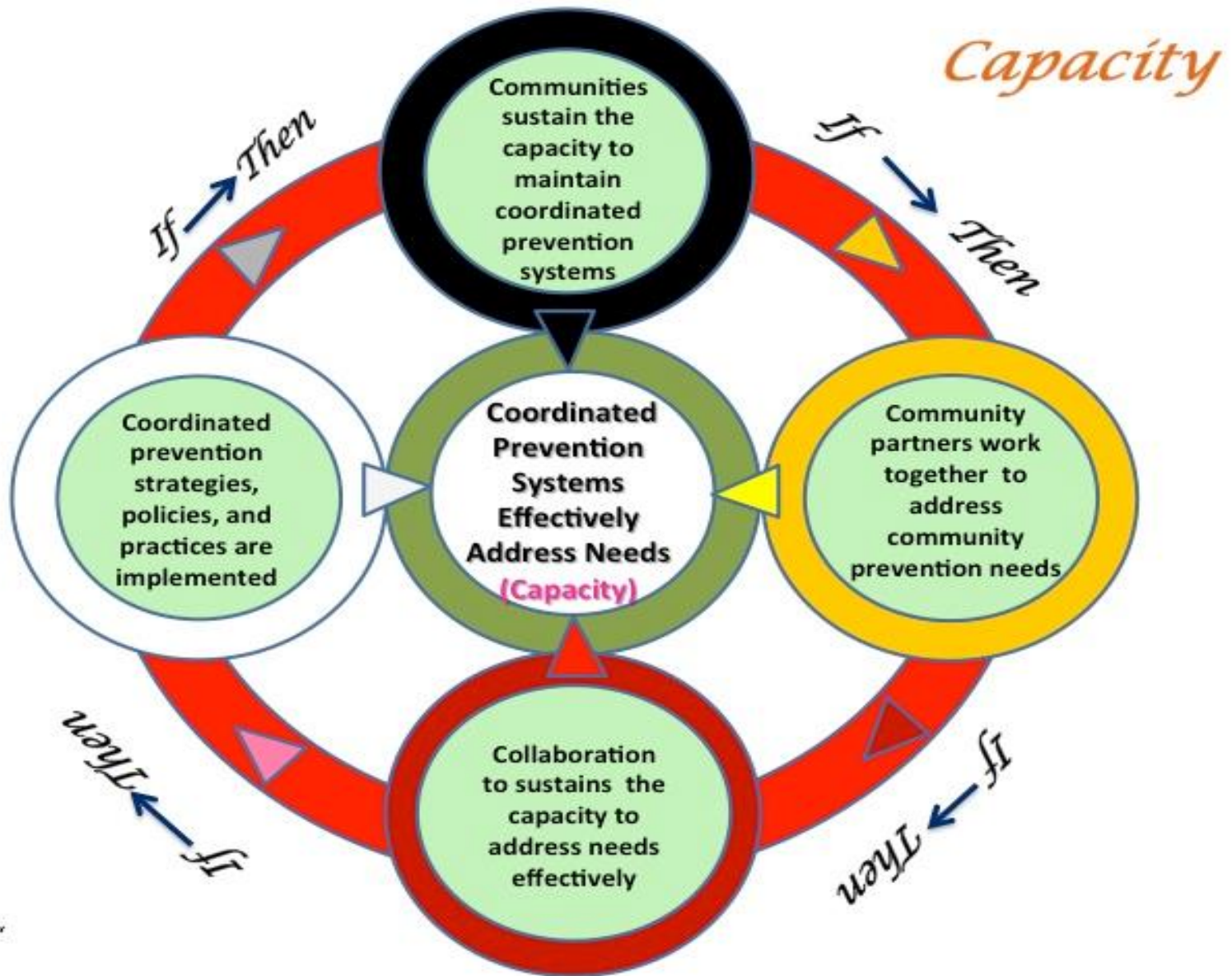
- **Strengths-based**
  - Using cultural protective factors and a strength base to address needs and create an approach
- **Recommendations from their policy consortia - Tribes Need to:**
  - Develop data collection and analysis capacity
  - Develop a data repository/warehouse
  - House, store, and analyze data
  - Produce reports, recommendations, and proposals at the regional level
  - Provide Inter-Tribal coordination, training, and technical assistance to individual tribes
  - Develop capacity to collect and use data (Burden, Butt, Melson, & Wright, 2012)

**GREAT LAKES INTER-TRIBAL COUNCIL  
STRATEGIC  
PREVENTION  
ENHANCEMENT LOGIC  
MODEL**



# Culture Is Prevention

## *Coordination of Services Logic Model*



# Oregon's Tribal Best Practices Law

- **Process of getting TBPs into law**

The Oregon Tribal Best Practices (TBP) began when an evidence-based model program mandate was problematic.

- Oregon's response was constructive engagement.
- Tribes came forward with a culturally appropriate approach to identifying best practices-Tribal Best Practices methodology.
- TBP initiative, requires tribes to document programs, established a peer review panel to certify that the program meets TBP Criteria
- "Understanding the ways of knowing underlying culture-based practices such as traditional healing, ceremony, storytelling and canoe journey, will further strengthen culture-based programs in Indian communities" (Walker & Bigelow, 2011).

# ATOD PREVENTION

## Canoe Journey/Family

- Canoe journey is a metaphor for the journey of life. Through the process of community participation, culturally relevant and personally meaningful programs are ATOD free. The model discussed here has evolved over several years of working together with Native American community members and incorporates culture, wellness and creative expression for Native American men, youth and women.
- Cultural education provided by tribal members and based in one's own tribal history, language, ceremonies and traditional stories, songs and dancing has promoting personal and community resiliency and healthy lifestyles. Traditional canoe carving and paddling are a basic element of survival for coastal tribal communities.



# Tribal Best Practices

- Approved: (more than a dozen programs)
  - Native American Therapeutic Horse Program
  - Canoe Journey
  - Talking Circle
  - Culture Camp
- Under Review
  - Storytelling
  - Powwow
  - Elder-based Family Mediation
  - Cultural Recognition Sobriety Recognition Dinner

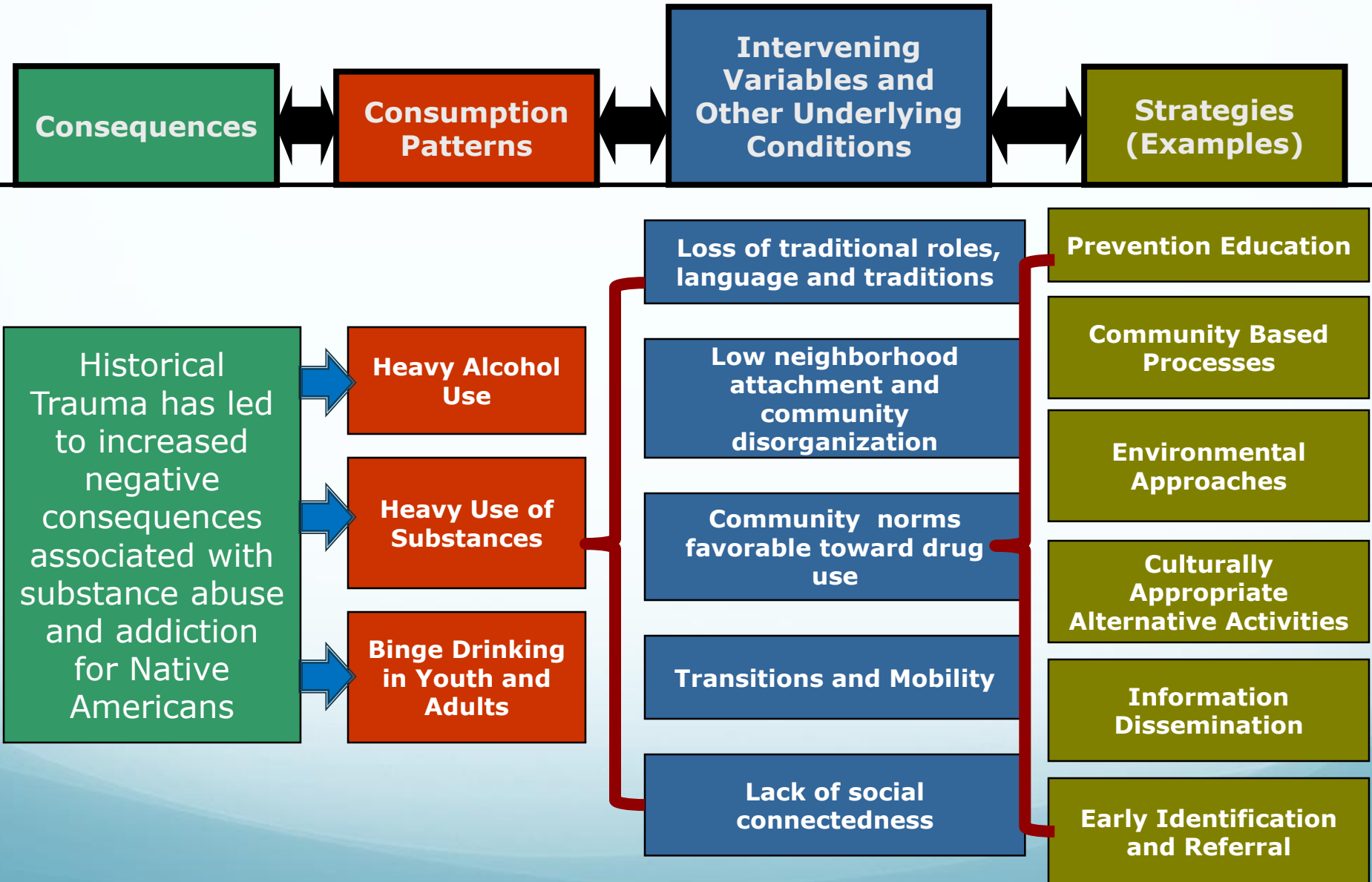


# Native American Health Center's One With All (OWA) SPF SIG

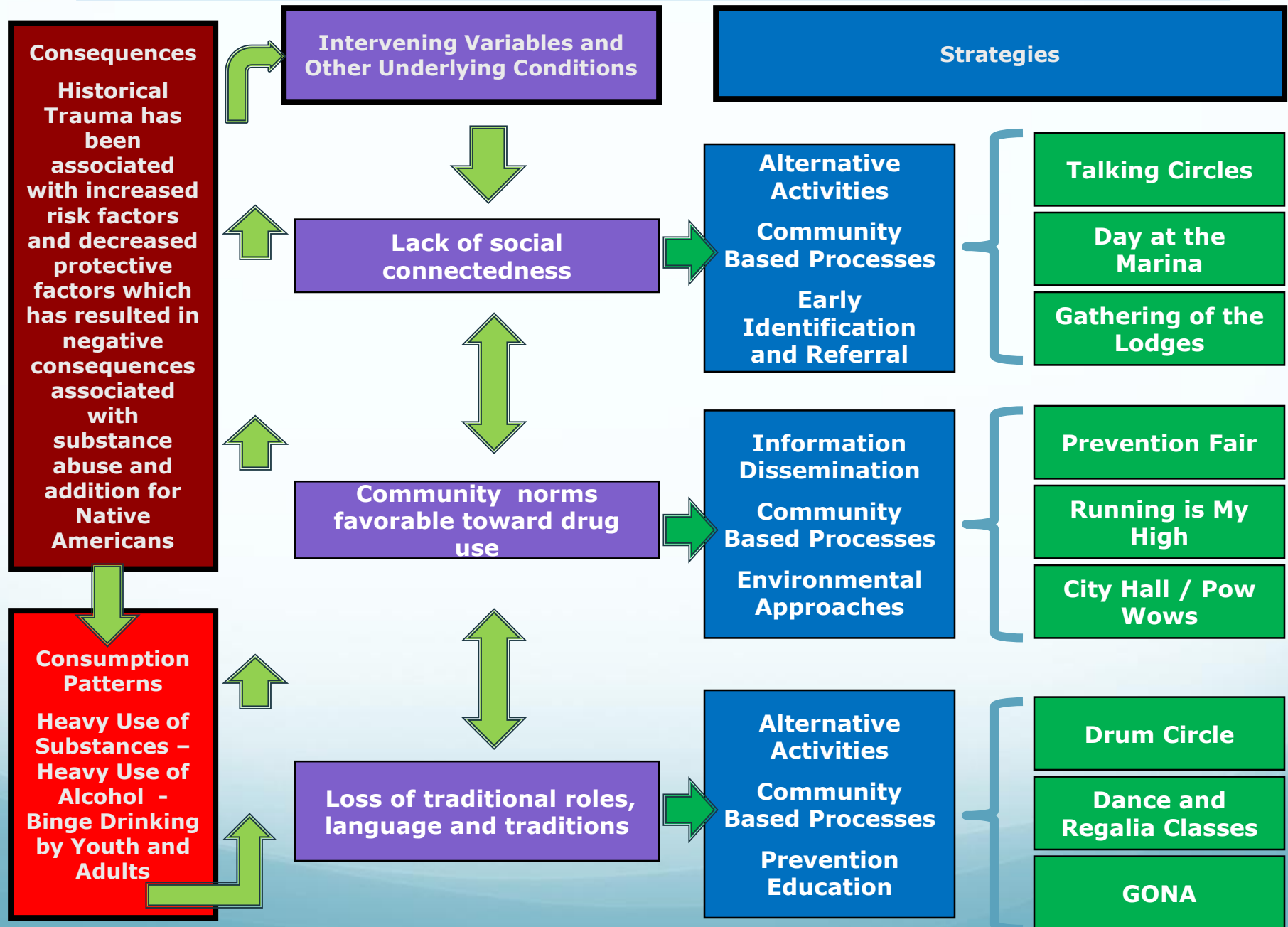
- NAHC lead a collaborative effort across five counties in Northern California
  - Indian Health Center of Santa Clara Valley
  - Friendship House Assoc. of American Indians
  - Sacramento Native American Health Center
  - Native American Health Center: Oakland and San Francisco sites



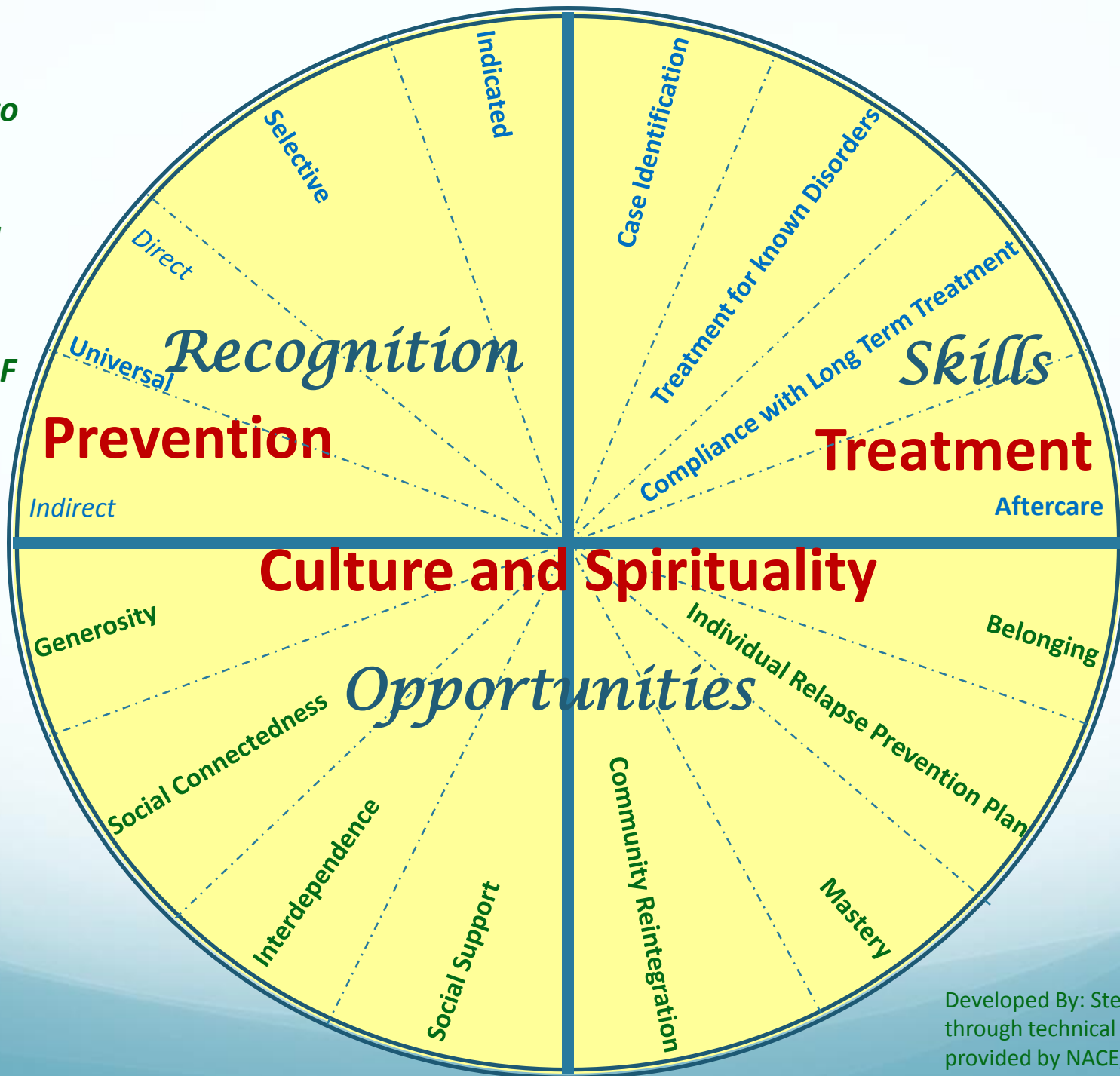
# One SPF SIG Logic Model Example



# Multiple Site – SPF SIG Logic Model Implementation



*Holistic  
Approach to  
Native  
American  
Health and  
Wellness –  
One  
With All SPF  
SIG -  
Native  
American  
Health  
Center*



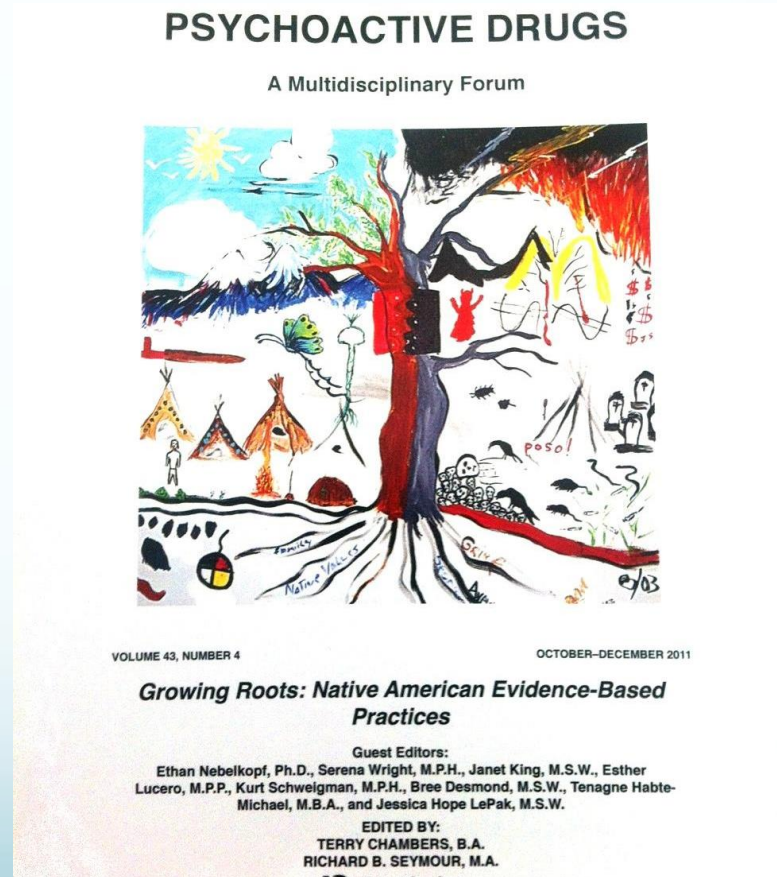
Developed By: Stevie S Burden  
through technical assistance  
provided by NACE/CSAP 2010

# One With All Outcomes

- Between exit and follow up (6 months) there was a 66% reduction in the number of drinking days
- Binge Drinking for those reporting four or more drinks there was a 50% reduction and those reporting five or more there was a 73% reduction
- The biggest reductions were noted between exit and follow up

# Journal of Psychoactive Drugs: A Multidisciplinary Forum

- Volume 42, No. 4, Oct.-Dec. 2011
- Guest editors from the NAHC
- Topics include:
  - Response to the Evidence-Based Program mandate,
  - Reclaiming our roots
  - Holistic System of Care
  - Decolonization of EBP System
  - Relevance of cultural activities in identity



# In Conclusion

- Be Willing to not try harder but to try different
- There are many pathways to follow to success
- Understand the evidence-based practice may well have started as practice based evidence
- Don't believe everything you think
- Understand where you're from and appreciate that others follow a different star

